## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Delication or Docket Number 10/540115

| CLAIMS AS FILED - PART I   |  |  |   |                                |              |                                  |       | SMALL ENTITY TYPE   |                        | OR. | OTHER THAN OR SMALL ENTITY |                        |
|--|--|--|---|--------------------------------|--------------|----------------------------------|-------|---------------------|------------------------|-----|----------------------------|------------------------|
| <u> </u>   |  |  | . (Columi   | n 1)                           | (            | Column 2)                        | 1     |                     |                        |     | SHALL                      |                        |
| U.S. NATIONAL STAGE FEES   |  |  |   |                                |              | •                                |       | RATE                | FEE                    |     | RATE                       | FEE                    |
| BAS  | IC FEE   |  | SMALL ENT. = \$ 150   |                                | LARG         | E ENT. = \$ 300                  |       | BASIC FEE           | 150                    | OR  | BASIC FEE                  |                        |
| EXA  | MINATION FE                                    | <b>E</b> .                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                      |                                |              | her situations =<br>100 / \$ 200 |       | EXAM. FEE           | 100                    |     | EXAM FEE                   | ·                      |
| SEA  | RCH FEE  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$ 200 / \$400 |                                |              | her situations =<br>250 / \$ 600 |       | SEARCH FEE          | 200                    |     | SEARCH FEE                 |                        |
| FEE  | FOR EXTRA S                                    | PEC. PGS.                                  | minus 100 =   |                                |              | / 50 =                           |       | X \$ 125 =          |                        |     | X \$ 250 =                 |                        |
| τοτ  | AL CHARGEAE                                    | BLE CLAIMS                                 | 30 minus 20 =   |                                | •            | 10                               |       | X \$ 25 =           | 250                    | OR  | X,\$ 50 =                  |                        |
| IND  | PENDENT CL                                     | AIMS                                       | 7. minus 3 =  |                                | ٠.           | .4                               |       | X \$ 100 =          | 400                    | OR  | X \$ 200 =                 |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |   |                                |              |                                  |       | + \$ 180 =          | _                      | OR  | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |   |                                |              |                                  |       | · TOTAL             | 1100                   | OR- | TOTAL                      |                        |
| 1165   |  |  |   |                                |              |                                  |       |                     |                        |     |                            |                        |
| CLAIMS AS AMENDED - PART II  |  |  |   |                                |              |                                  |       | OMALL E             | LiTEN.                 | -00 | OTHER                      |                        |
| 07-75-65 (Column 1) (Column 2) (Column 3)                                |  |  |   |                                |              |                                  |       | SMALLE              | in III Y               | OR  | SMALL E                    | NIITY                  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | NUM<br>PREVIO<br>PAID          | BER<br>DUSLY | PRESENT<br>EXTRA                 |       | RATE:               | ADDI-<br>TIONAL<br>FEE | •   | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total ·  | • 30                                       | Minus   | ** 30                          | )<br>        | a                                |       | X \$ 25 =           | • /                    | OR  | X \$ 50 =                  | ·                      |
|  | Independent                                    | • 7  | Minus   | ***                            | 7            | •                                |       | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
|  | FIRST PRES                                     | ENTATION OF M                              |   | ŀ                              | + \$ 180 =   |                                  | OR    | + \$ 360 =          |                        |     |                            |                        |
| •  | : .  |  |   |                                |              | •                                |       | TOTAL ADDIT.        |                        | OR  | TOYAL ADDIT.               |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |   |                                |              |                                  |       |                     |                        |     |                            |                        |
|  |  |  |   |                                |              |                                  |       |                     |                        |     |                            | ·                      |
| 41B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>SUSLY | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | •  | Minus .   | 90                             |              | <b>=</b> .                       |       | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|  | Independent                                    | <b>*.</b>                                  | Minus   | ***                            |              | •                                |       | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                |              |                                  |       | + \$ 180 =          |                        | OR  | + \$ 380 =                 | •                      |
|  |  |  |   |                                |              |                                  |       | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE        |                        |
| ree homestal ree L   |  |  |   |                                |              |                                  |       |                     |                        |     |                            |                        |
|  | ••   |  |   |                                |              | •                                |       |                     |                        | •   | •                          | j                      |
| ٠  | H the come in such                             | mn 1 is less than the                      | ,<br>, anto, la astror- d   |                                | ·            |                                  |       |                     |                        | •   |                            | . ·                    |
| . **   | If the "Highest Mu                             | mber Previously Pai                        | d For IN THIS SP  | ACE is less                    | than '2      | 7, enter "20".                   |       |                     |                        |     |                            |                        |
|  | If the "Highest Nu                             | mber Previously Pai<br>ber Previously Paid | d For IN THIS SP  | ACE Is lesi                    | than '3'     | enter "3".                       | in th | a appropriate box   | i in column 1.         |     |                            | . ]                    |